

Police Records Volunteer Background Information

All information should be filled out completely. A background investigation will then be done before you are accepted into the program.

Mail application to Council Bluffs Police Department Attn: Sgt. Patrick Norris 227 South 6th Street Council Bluffs, IA 51503

1. Your Name (Please print or type)		
Last:	First:	Middle:

2. Other Names (including nicknames) you have been known by:

3. Please list address at which you can be contacted:				
Number	Street	City	State	Zip code

4. Please list telephone number (s) at which you can be contacted:	
Home: ()	Work: ()

5. Date of Birth	6. Are you a citizen of the United States?	7. Social Security
Number		
(Month) (Day) (Year)		
____/____/____	Yes No	____/____/____

8. For the purpose of identification, please provide the following:			
Height:	Weight:	Hair Color:	Eye Color:
____' ____"	____lbs	_____	_____

Signature _____

Date _____